# Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County
Mailing Address: PO Box 34125, Seattle, WA 98124-4215
Office Address: Seattle Municipal Tower, 700 5<sup>th</sup> Ave, 51<sup>st</sup> Floor
Tel: 206-684-0660 TTY: 206-684-0274 FAX: 206-684-0689
www.adsadvisorycouncil.org

# MONTHLY MEETING JULY 14, 2006

#### MEMBERS PRESENT

CITY OF SEAT	TTLE KING COUNTY	UNITED WAY
▼ Thelma Coney	Lisa Yeager	Midge Levy, Secretary
☐ Joanne Brekke	Larry Verhei	✓ Lorna Stone
Adam John	☐ John Holecek	▼ Thelma Pegues, Member-At-Large
☐ Alexandra Tu	John Barnett	✓ Timmie Faghin
☐ Tom Rasmussen	□ Vacant	Don Moreland, Chair
✓ Larry Low	□ Vacant	Phil Pitruzzello
Houston Brown, Vic	ce-	Michael Miller
Dr. Robert Gross	□ Vacant	☐ Audrey Jernigan
Candace Inagi	□ Vacant	Amy Astle-Raaen
Excused Absence  Amy Astle-Raaen, Audrey Jernigan, Candace Inagi, Joanne Brekke, Michael Miller, Tom Rasmussen, Alexandra Tu, Houston Brown, Phil Pitruzzello, John Holecek		
Guests	M. Lee Harned, Kate Slaminko, Will Parry	
ADS Staff	Pamela Piering, Rosemary Cunningham, Karen Winston, Marcy Kubbs, Margaret Casey, Andrea Yip, Barrie Jackson	
<b>United Way Staff</b>		
King County Staff	Linda Wells	

# **MINUTES**

**Don Moreland, Chair** convened the Advisory Council (AC) meeting at 12:00 p.m. and invited those attending to introduce themselves.

In association with the Area Agency on Aging for Seattle-King County and sponsored by:







# PROGRAM: SEATTLE INDIAN HEALTH BOARD

**Ralph Forquera,** Executive Director of Seattle Indian Health Board (SIHB) and Alice Park, a researcher with the Urban Indian Health Institute, provided a presentation on the SIHB and the results of a needs assessment of Urban Indians and Alaska Natives. Mr. Forquera provided a number of key points about the SIHB.

SIHB is a private, non-profit community health center serving American Indians & Alaska Natives, in particular elders, children and the homeless, the most vulnerable among its community. Its mission is to assist American Indians and Alaska Natives achieve the highest possible level of physical, mental, emotional, social and spiritual well-being and to advocate for Indian people.

Though not an Indian Health Service Agency, SIHA is funded by Indian Health Service through grants and a contract. Mr. Forquera indicated that IHS funding for Urban Indians is disproportionate and inadequate. While Urban Indians make up more than 60% of the Indian population, only 1% of the IHS budget is for Urban Indian Programs. Mr. Forquera noted that additional revenue comes from client fees charged based on a sliding fee scale.

SIHB accomplishments include a number of items including the following:

- First urban Indian health program to receive JCAHO Accreditation
- Established first & only Family Medicine Residency Program with focus on Indian health
- Established Urban Indian Health Institute, received IHS funding for urban Indian epidemiology center

SIHB provides a number of direct services including:

- Outpatient Primary Medical Care (including obstetrics)
- General Preventive and Restorative Dentistry
- Mental Health Counseling
- Domestic Violence Assistance
- Outpatient Adult Substance Abuse Treatment
- Residential Substance Abuse Treatment
- Elders program
- Family Practice Residency Physician Training Program
- CLIA approved laboratory
- Class-A pharmacy
- Outreach Services
- Urban Indian Health Institute (Research/Epidemiology Center)

One of SIHB's special projects was completing an American Indian/Alaska Native (AI/AN) Long-Term Care Needs Assessment. Alice Park with the Urban Indian Health Institute provided information on the assessment.

Some of the goals of the Elders Long-Term Care Needs Assessment included:

- Identifying AI/AN elders in urban community who could be served by AI/AN administered long term care services
- Providing data about the elders such as geographic dispersion, age, and length of time residing in the urban setting, participation in Urban Indian Health, IHS, or tribal health programs
- Assessing current utilization of long term care services.
- Assessing unmet needs for long term care services.
- Assessing eligibility for services under other long term care programs.
- Assessing potential utilization of AI/AN long term care services

Results of the needs assessments included the following:

- Most commonly used services:
  - Pharmacy
  - o Medical
  - Dental
- Needed services most commonly reported included:
  - o Senior Drop-In Center
  - Housing
  - o Alcohol, drug and mental health treatment
  - Pharmacy
- Barriers to obtaining services reported were:
  - Needing help accessing services
  - Financial barriers

When questioned about the need for culturally appropriate care, respondents indicated that while that was a "great idea", they were clear that receiving quality care is most important. In terms of the types of housing / care they wanted, elders' responded as follows:

- Prefer living in own home (18)
- Other types of care:
  - o Living with family (10)
  - o Assisted living (9)
  - o Group home (8)

Ms. Park indicated a number of conclusions can be drawn from the needs assessment including:

- Poor self-rated health status
- Lower level of physical activity than elders of all races
- Prevalence of multiple health conditions, often equal to or exceeding prevalence of health conditions among elders age 65 and older in the general population
- Limitations in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) often equal to or exceeding those reported for elders age 65 and older in the general population

Next steps include making available a comprehensive range of health and social services to give frail and functionally impaired elders the opportunity to:

- Maintain their independence in their homes for as long as possible
- Have culturally appropriate / acceptable alternatives when independent living is no longer possible.

SIHB is facing potential funding reductions due to the state of the economy and government reductions. Earlier this year President Bush's appropriations bill included a \$32 Million reduction in funding for Urban Indians. Fortunately Congress responded to concerns raised over this proposal and currently the funding is back in both the House and Senate versions of the bill. That said, funding is at the 2006 level, which with inflation reduces it to 78% of the previous level. Ralph urged ADS to educate others about the importance of Urban Indian services.

# **BUSINESS MEETING**

#### **Minutes**

**Action Taken:** It was moved/seconded and passed that the June 9, 2006 minutes be approved as written.

#### COMMITTEE AND TASK FORCE REPORTS

# **Sponsors' Meeting**

There was no report as there has not been a Sponsors' meeting since the last Advisory Council meeting.

## **Planning & Allocations Committee**

**Lorna Stone** reported the revenue outlook is not positive. However, should additional funds be available, the committee recommends the following funding priorities:

- 1. Long-Term-Care Ombudsman program \$18,000 to hire a volunteer coordinator as a full-time employee to deal with the increased needs related to Adult Family Homes.
- 2. Nutrition Transportation
- 3. Inflationary Adjustment for providers

**Action Taken:** It was moved/seconded and passed to accept the Planning & Allocations Committee recommendations. Lisa Yaeger abstained from voting.

Pam Piering stated the recommendations will go out for public comment and be finalized by the Sponsors in September.

#### **Outreach & Advocacy Committee / Health Care Task Force**

1) Timmie Fahgin reported the Legislative Forum is scheduled for August 23<sup>rd</sup> at the Seattle Center. The focus will be on the state and federal budgets and how they affect the people ADS

serves. She indicated the committee would like to honor Senator Pat Thibaudeau for her years of legislative service by presenting her with an award named for Louise Parry, community activist and wife of Will Parry, a former Advisory Council member. Louise passed away earlier this summer.

**Action Taken:** It was moved/seconded and passed that the Louise Parry Achievement Award be presented to Senator Pat Thibaudeau at this year's Legislative Forum.

#### **Communications Committee**

There was no report.

### **State Council on Aging**

There was no report.

#### **NEW BUSINESS**

- 1) ADS staff, Marcy Kubbs passed out Conflict of Interest Forms for members to sign so that Advisory Council member files can be updated.
- 2) Marcy also passed out application forms for parking permits that will allow Advisory Council members to park for free either in a parking garage nearby.
- 3) New Business from the Floor:
  - John Barnett wondered if it would be beneficial for staff to do additional work in preparation of meetings such as making copies of PowerPoint presentations. Don Moreland suggested it is best to let speakers present in the manner most comfortable for them.
  - Pam mentioned the issue of dental care for the elderly raised by Mr. Forquera is an important one. Dr Gross who received a Man-of-the-Year Award from the International University for his work in geriatric oral health, indicated that the American Dental Association is finally becoming more supportive of work in this area. Lisa Yaeger noted that the University of Washington Dental School has students who can provide some care at her Senior Center, however money is needed to support their work.

## **Director's Report**

Pamela Piering reported on a number of items.

- 1) <u>Philanthropy Northwest</u> Pam and Lorna Stone have been working with this organization to encourage its members to provide more funding for aging related issues and have provided suggestions for projects they might fund. The organization will be having a meeting in September in Montana. There will be a number of foundations in attendance, each with its unique agenda. Information will need to be customized for each foundation.
- 2) <u>Native American Issues</u> Besides Urban Indians, who were the focus of this meeting's presentation, there are two federally recognized tribes in King County the Muckleshoot and Snoqualmie tribes. ADS has negotiated with the Muckleshoots to provide a single case manager for the 6-8 members of their tribe who are clients served by ADS case managers. Training for Family Caregivers will also be provided.

3) Older American's Act (OAA) – n4a has produced a side-by-side analysis of the House and Senate versions of the OAA which ADS will send to Advisory Council members. The OAA bill is out of the House and in the Senate it has passed out of committee. Pam is confident it will be passed before the end of the legislative session. Changes include reducing the eligibility age for Kinship Caregivers to 55 and providing Resource Center services for individuals of any age. The funding level is looking flat.

# 4) State Issues -

- We believe the Governor's budget for 2007-2008 will continue to cover Medicare Part D co-pays for those individuals eligible for both Medicare and Medicaid.
- Respite & Family Caregiver Services will receive a \$2.6 Million increase in state
- Condinact negotiations continue with SEIU and Individual Providers. While agreement has been reached on some areas two remaining issues include the request for wages to be based on acuity of clients and training of workers.
- The Long-Term-Care Financing Task Force continues its work. Their website is <a href="http://www.governor.wa.gov/ltctf/default.htm">http://www.governor.wa.gov/ltctf/default.htm</a>.
- ADS requested the state include Food Insecurity as an indicator to be tracked in their Health Survey. The application requesting this change was submitted this week.
- 5) <u>Move to Seattle Municipal Tower (SMT)</u> Pam reminded the Advisory Council that ADS moved to the SMT on July 3<sup>rd</sup>. A tour of our new office will be available at the August Advisory Council meeting.
- 6) Medicaid Proof of Citizenship Requirements Last week the federal government relaxed new regulations due to go into effect this month that would have stiffened proof of citizenship requirements. Now, if a client is eligible for either Medicare or SSI they won't have to prove citizenship. This is more manageable since 75% -80% of current Medicaid clients fall under Medicare. Also, the state will be primarily responsible for assisting the remaining clients with this requirement.

The meeting was adjourned at 2:00 p.m.

Note new meeting location!

# **NEXT REGULAR MEETING**

Friday, August 11, 2006 12:00 – 2:00 p.m. 6070 Conference Room Seattle Municipal Tower, 700 5<sup>th</sup> Avenue Seattle, WA 98124

www.adsadvisorycouncil.org

Midge Levy, Secretary
-----------------------